PATENT APPLICATION FL-DETERMINATION RECORD Effective October 1, 2000

oplication or Docket Number

1-229752001380

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:		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TC	OTAL CLAIMS		,				RATE	FEE	100	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00		BASIC FEE	710.00	
TC	TAL CHARGEA	95 minus 20=		· <i>5</i>			X\$ 9=	45	OR	X\$18=	78		
INC	DEPENDENT CL	5 mi	nus 3 =	· 2			X40=	80	OR	X80=	160		
MU	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+135=	125	OR	+270=	271	
* If the difference in column 1 is less than zero, enter "0" in column 2							į	TOTAL	760	ا ل	TOTAL	1500	
	C	•	AMENDED - PART II (Column 2) (Column 3)								OTHER THAN		
		(Column 1)		(Colur HIGH		(Column 3)	1 -			OR 1 i			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	n ell v	ŖATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	** 2	5	=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MU	Minus	*** 4	. CI 4"1	=		X40=	. ;	OR	X80=	in the state of th	
. 14	FIRST PRESE	1	/ +135=	Constants	OR	4270 =							
TOTAL											TOTAL ADDIT. FEE	- 1 pr (4/13.0)	
		(Column 1)		(Colur		(Column 3)	1 -						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	NITATION CT	Minus	***	CLAIL	=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							,	+135=	:	OR	+270=		
		•					A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)	1 _		: .	•	,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	133	RATE	ADDI- TIONAL FEE	
	iotal 4		Minus***			建 代表表示 200		X\$ 9=		OR)	X\$18≡		
NE	Independent	prise of the office of the second of the sec	Minus	***		=	 	X40=		OR	X80=	~ ****	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On	er en fant de skriver in d De skriver in de skriver in	41983	
	• If the entry in column 1 is less than th ntry in column 2, write "0" in column 3.							÷135=		OR	+270=	***	
**	If the "Highest Nu	mber Previously Pa	aid For IN THIS	S SPACE I	s less tha	n 20, enter "20."	A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	- V. 15	
\tilde{q}_{ij}	If the "Highest Nu The "Highest Nur	mber Previously Pa	aid F r" IN THI d For" (Total or	S SPACE i Independ	is less tha ant) is the	n 3, nter "3." highest numbe		_	ropriate box	٠, ٠, ٠, ٠,	State Care St.		